



**Colorado WIC Program**  
**Physician Authorization Form**  
**For Specialty Formulas and WIC Supplemental Foods**

**Medical documentation is federally required to ensure that the patient under your care has a medical condition that requires the use of specialty formula and that conventional foods are precluded, restricted, or inadequate to meet their special nutritional needs.**

**Instructions:** Complete sections A and D for all patients.

♦ To approve specialty formula and supplemental foods, also complete section B.

♦ To approve soy beverage, tofu or additional cheese, also complete section C.

Fax form to WIC clinic or have WIC participant return form to clinic.

**WIC clinic:**

**WIC fax #:**

**Attention:**

**A. Patient information**

**Patient's Name:** (Last, First, MI):

**DOB:**

**Parent/Caregiver's Name:**

**Medical Reason/Diagnosis:**

**Time needed:** ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

**B. Specialty formula and WIC supplemental foods**

**Formula requested** (see approved list on back):

**Prescribed amount:** ☐ maximum allowable **-OR-** ☐ \_\_\_\_\_ oz/day

**Special instructions/comments:**

**Supplemental foods:** (check one)

☐ Issue full provision of age-appropriate supplemental foods.

☐ No WIC supplemental foods; provide formula only.

☐ Issue a modified food package omitting the supplemental foods checked below.

WIC Participant Category	WIC Supplemental Foods (check contraindicated foods)	Special Instructions
<b>Infants</b> 6 through 11 months	<input type="checkbox"/> Infant cereal <input type="checkbox"/> Infant fruits/vegetables	
<b>Children</b> 1 through 4 years -and- <b>Women</b>	<input type="checkbox"/> Milk* <input type="checkbox"/> Cheese <input type="checkbox"/> Eggs <input type="checkbox"/> Juice <input type="checkbox"/> Breakfast cereals <input type="checkbox"/> Legumes <input type="checkbox"/> Peanut butter <input type="checkbox"/> Fruits and vegetables <input type="checkbox"/> Whole grains <input type="checkbox"/> Fish (exclusively breastfeeding women only)	

☐ \*Issue whole milk: WIC provides low fat milk for women and children  $\geq$  2 years of age. Only patients receiving specialty formula who require additional calories qualify to receive whole milk.

**C. Soy beverage, tofu or additional cheese**

Check the boxes below to prescribe soy beverage, tofu or additional cheese:

☐ Soy beverage or tofu for children ☐ > 4 lbs tofu for women ☐ > 1 lb cheese for women or children

**Diagnosis (required):** ☐ Milk allergy ☐ Severe lactose maldigestion ☐ Vegan diet ☐ Other (specify) \_\_\_\_\_  
(personal preference is not an allowed reason)

**D. Health care provider information**

**Signature of health care provider:**

**Provider's name:** (please print)

☐ MD ☐ PA ☐ DO ☐ NP

**Medical office/clinic:**

**Phone #:**

**Fax#:**

**Date:**

**WIC USE ONLY**

**Approved by:**

**Date:**

# COLORADO WIC PROGRAM

## APPROVED FORMULAS

### Standard Contract Infant Formulas

These formulas will be given unless a physician diagnoses a medical condition that warrants a specialty formula.

- ◆ No prescription is needed for infants.
- ◆ A prescription is needed for adults and children over one-year of age and is valid for up to six (6) months.

Enfamil LIPIL  
ProSobee LIPIL  
Enfamil Gentlease LIPIL  
Enfamil AR LIPIL

### Specialty Formulas

Medical documentation is required for issuance of these formulas. Reasons such as "colic," "spitting up," or "constipation" will NOT be accepted as a substitute for a medical diagnosis.

Alimentum  
Boost High Protein  
Boost Kid Essentials 1.5 cal  
Boost Kid Essentials 1.5 cal with fiber  
Compleat Pediatric  
E028 Splash  
EleCare  
Enfamil EnfaCare LIPIL  
Ensure  
Ensure Plus  
Neocate Infant  
Neocate Infant with DHA & ARA  
Neocate Junior  
Neocate One+  
Next Step ProSobee LIPIL (only for children  
over 1 year)  
Nutramigen LIPIL  
Nutramigen LIPIL with Enflora LGG  
Nutren Junior  
Nutren Junior with Prebio Fiber

Nutren 1.0  
Nutren 1.0 with Fiber  
Nutren 1.5  
Nutren 2.0  
Osmolite 1 Cal  
PediaSure (any flavor)  
PediaSure with Fiber (any flavor)  
PediaSure Enteral  
PediaSure Enteral with Fiber  
Peptamen  
Peptamen Junior  
Peptamen Junior with Fiber  
Peptamen OS 1.0 Cal  
Portagen  
Pregestimil LIPIL  
Similac NeoSure  
Similac PM 60/40  
Tolerex  
Vivonex Pediatric  
Vivonex T.E.N.

### Formulas for Inherited Metabolic Diseases

Calcilo-XD  
Cyclinex-1 & 2  
Glutarex-1 & 2  
Hominex-1 & 2  
I Valex-1 & 2  
Ketonex-1 & 2  
MSUD Analog, Maxamaid & Maximum  
Periflex Junior  
Phenex-1 & 2  
Pheylade Drink Mix  
Phenyl-Free 1 & 2  
Pro-Phree

ProViMin  
Propimex-1 & 2  
RCF  
Tyrex-1 & 2  
TYROS-1 & 2  
XLeu Analog & Maxamaid  
XLys, XTrp Analog, Maxamaid & Maxamum  
XMet Analog, Maxamaid & Maxamum  
XMTVI Analog & Maxamaid  
XPhe Maxamaid & Maximum  
XPhe, XTry Analog & Maxamaid  
XPTM Analog

For questions about Colorado WIC approved formulas contact the State WIC Office at (303) 692-2400.